



# Study on mental health among college students with respect to their cognitive styles

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#### **Abstract**

Mental health is considered as one of the most important factors in the promotion of human development and is especially important in youth as they are the building blocks of society. It is a global term which refers to state of a person, resulting from the normal organization and proper functioning of his mind. It is a combined product of physical, emotional, moral, spiritual and social health while, mental health is the most important component of the overall health and psychological well-being of a person. The main objective of the present study was to find the significant differences in mental and somatic health among college students with respect to their cognitive styles. The investigator has used descriptive cum survey method of research. Multi stage randomized sampling technique was used to collect a sample of 280 students (140 males and 140 females). The results of the present study reported significant differences in mental health while as no significant differences were found in somatic health among male and female college students having systematic style. Further no significant differences were found in mental and somatic health among male and female college students having intuitive style.

Key words: cognitive style, mental health, somatic health

## INTRODUCTION

Cognitive styles are the ways in which a person comprehend, understand, analyze and interpret the world. It is a term used in cognitive psychology to describe the way individuals think, perceive, organize, solve problems, make decisions and remember information or their preferred approach to using such information to solve problems.

Cognitive styles are called styles rather than abilities because they refer how people process information and solve problems, not how well they do so. The construct of cognitive style was originally developed by Allport [1] referring to an individual's habitual or typical mode of perceiving, remembering, thinking, and problem solving. According to Messick [2] cognitive style is a bridge between cognition and personality and in this sense it is a vehicle to meet career expectations.

Cognitive styles become important when individual face new, unfamiliar tasks and situations. Those individuals who make career options in congruence with their cognitive styles will have greater possibility of achieving success and vocational satisfaction in comparison to those having different cognitive styles with different career options. These individuals will become socially productive.

Therefore forcing students to take subjects not in congruence with their styles create a sort of cognitive disorder, and later on they felt victims of anxiety and depression.

#### **MENTAL HEALTH**

Mental health is considered as one of the most important factors in the promotion of human development and this point is especially important in youth as they are the building blocks of society. It is like a philosophy of life which is not acquired by taking a course in philosophy.

Its scope cannot be compressed within the confines of a series of lesson plans or formal school projects. Mental health is a global term which refers to state of a person, resulting from the normal organization and proper functioning of his mind. It is a combined product of physical, emotional, moral, spiritual and social health while, mental health is the most important component of the overall health and psychological well-being of a person. It is an integral and essential component of overall health.

Right thoughts, right attitudes and right actions are very useful and necessary for maintaining good mental health. Mental health is also called the process of human self-satisfaction, self-realization





and fully successful existence. It is a condition of psychological maturity. The White Conference [3] inferred that mental health may be defined as the adjustment of individual to themselves and the world at large with the maximum of effectiveness, satisfaction, cheerfulness and socially considerate behavior, and the ability of facing and accepting the realities of life. The constitution of World Health Organization [4] stated that mental health is a state of complete physical, mental and social wellbeing and not merely the absence of diseases. Sortorives [5] states that "mental health is a state of balance between the individual and the surrounding world, a state of harmony between oneself and others, a coexistence between the realities of the self and those of other people as also of the environment."

Chauhan [6] defined "mental health is a condition which permits the maximum development of physical, intellectual and emotional status of the individual so that he can contribute maximum to the welfare, his ideas and aims in life. It is a normal state of wellbeing. The Health Education Authority [7] described mental health as the emotional and spiritual resilience, which enable as to survive pain, disappointment and sadness. The World Health Organization [8] defines mental health as a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.

After evaluating the above mentioned discussion we can conclude that mental health simply does not mean the absence of mental illness, but it involves an individual's ability to adjust to one self and the world, being resilient to strains of life, peaceful, harmonious and balanced integration of all aspects of personality viz social, emotional, psychological, physical and moral etc.

# LITERATURE REVIEW

When we go through the literature mental health problems take many varied forms some of the most common problems are depression and anxiety [9]. World health organization estimated that nearly half the world population is affected by mental disorders of one or the other type [10]. Gender is one the main thing which makes a difference and it is one of the critical determinants which affect mental health.

Gender differences occur particularly in common mental disorders like depression, anxiety and physical health complaints [11].

Pertinent to the gender differences in stress experiences, Nolen Hoeksema [12] and Weissman et al. [13] noted that across many nations, cultures and ethnicities, females are about twice as likely as males to develop depression or any other physical or psychological symptoms which is linked to anxiety or any other psychological or physical problems. They revealed further that female face a number of chronic burdens in everyday life as a result of their social status and roles relative to males, and these strains could contribute to their higher rates of psychological issues.

The status of women in every society is just like fixed as it has to fulfill the multiple roles that render them at greater risk of experiencing mental disorders than others in the community. Various research Studies showed that the prevalence rates of some mental health problems like depression and anxiety, psychological distress were observed higher among women than men [14],[15]. Some research studies showed that the incidence and the rate of psychological problems like anxiety, stress and depression have increased more among students than non-student populations [15].

Saki & Kaikhavani [16] showed that an average mental health score by GHQ was 24.9 and 23.89 for female and male, respectively. Some research studies found that unfamiliarity to the new environment, living away from home, lack of interest in the subject field, maladjustment with other people and inadequate educational, economic and social welfare facilities are some the factors which lead to psychological distress in students [17]. Raju, et al. [18] observed that the symptoms including somatic symptoms and psychological symptoms were higher in females as compared to males. Bhattacharjee [19] revealed that male students were less anxious as well as less depressed than their counterparts.

Bandhana and Sharma [20] Found significant differences in mental health among male and female secondary school students.





Singh & Grover [21] found no difference in the mental health of male and female college students. Rambir [22] observed no significant differences among male and female school student with respect to mental health and its all dimensions i.e. positive self-evolution perception of reality, integration of personality, autonomy, group oriented attitude, environmental mastery.

Ying, et al. [23] stated that boys experienced high levels of stress from school, family, health, and romantic domains, while girls suffered a higher level of peer stress. Viswanath [24]observed that adolescents from nuclear family showed better mental health as compared to adolescents from joint family, female adolescent have better mental health than the male adolescent, urban adolescent have better mental health than the rural adolescent.

Sanwal, et al. [25] inferred that girls were mentally healthier than boys as they have more patience, tolerance and were better adjusted than boys. Anand [26] reported that female students were found better mental health than male students. Nanda [27] also found girls showed better mental health than boys. Parveen and Javed [28] found that males were found to have more physical and psychological health symptoms than females.

As stated by Indian Council of Medical Research (2001)reported that mental. behavioral. psychological and social health issues are increasingly being treated as important causes of the health problems all over the world. Moreover there is a dearth of research literature in the Indian context regarding mental health of higher education students with respect to their cognitive styles. Focusing on mental health of adolescents, present study is aimed to (a) screen out the gender differences in mental and somatic health among college students with respect to systematic and intuitive cognitive style.

On the basis of above mentioned discussion we can conclude that gender is an important factor which affect the mental health. Females are at more risk to develop physical and psychological health problems due to their multiple roles in society. Further studies showed multiple results some reported males as more anxious while as other reported females.

Still some studies showed males and females similar in all dimensions of mental health. Some research studies showed that the psychological problems like anxiety, stress and depression have increased more among students than non-student populations

### **OBJECTIVES OF THE STUDY**

- 1. To find the significant differences among male and female college students having systematic cognitive style with respect to: Mental health
  - Somatic health

Somatic health

2. To find the significant differences among male and female college students having intuitive cognitive style with respect to:

Mental health

## HYPOTHESES OF THE STUDY

**Hypothesis 1**There will be no significant differences among male and female college students having systematic cognitive style with respect to:

H1.1Mental health H1.2Somatic health

**Hypothesis 2**There will be no significant differences among male and female college students having intuitive cognitive style with respect to:

**H2.1**Mental health **H2.2** Somatic health

#### **RESEARCH DESIGN**

A descriptive cross-sectional design was used to detect the gender differences in mental health with respect to different cognitive styles. The population of the present study includes all B.Sc. /B.A. Part III students studying in 45 arts/sciences govt. degree colleges of Jammu, Udhampur, Samba, Kathua, Reasi, Doda, Kishtiwar, Ramban, Rajouri and Poonch districts in Jammu division. Multi stage randomized sampling technique was used to select the sample of 16 colleges. After the random selection of sample colleges the investigator select a sample size of 280 students consisted of 140 male and 140 female students studying in part third of the three year degree course in the sample government degree colleges by randomization technique. For collecting the data the researcher has used mental health checklist developed by Dr. Pramod Kumar and cognitive style inventory by Pramod Kumar Jha.





Table no. 1. Values of Mean, S.D., SE<sub>DM</sub> and 't' for male and female college level students in mental and somatic health having systematic cognitive style

Cognitive Styles		Group	N	Mean	S.D	SE <sub>DM</sub>	t value	df	Significance
	Mental	Male	100	13.41	3.61				
Systematic	health	Female	100	11.79	3.42	0.47	3.44**	98	Sig.
style	Somatic	Male	100	9.91	3.17				
	health	Female	100	9.31	2.96	0.0.41	1.46	38	NS

Table no. 2. Values of Mean, S.D., SE<sub>DM</sub> and 't' for male and female college level students in mental and somatic health having intuitive cognitive style

Cognitive Styles		Group	N	Mean	S.D	SE <sub>DM</sub>	t value	df	Significance
Intuitive style	Mental health	Male	40	13.37	3.45	0.80	0.75	38	NS
		Female	40	12.77	3.82				
	Somatic health	Male	40	9.45	3.59	0.63	0.15	38	NS
		Female	40	9.55	2.86				

# **DATA ANALYSIS**

For analysis and interpretation of data the investigator has used't' test to see the significant difference between two Mean samples.

Review of TABLE 1 indicated that the computed value of 't' for male and female college students in mental health having systematic cognitive style is 3.44\*\*which is greater than 2.58 the table value of 't' at 0.01 level of significance. The calculated value of 't' is therefore, significant. It can therefore, said that there were significant differences in mental health among male and female college students having systematic cognitive style. Hence, the hypothesis which states that there will be no significant differences among male and female college students having systematic cognitive style with respect to mental health is not accepted.

Perusal of TABLE 1 indicated that the computed value of 't' for male and female college students in somatic health having systematic cognitive style is 1.46 which is well below1.96 the table value of 't' at 0.05 level of significance. The calculated value of 't' is therefore, not significant. It can therefore, said that

there were no significant differences in somatic health among male and female college students having systematic cognitive style. Hence, the hypothesis which states that there will be no significant differences among male and female college students having systematic cognitive style with respect to somatic health is accepted.

Perusal of TABLE 2 indicated that the computed value of 't' for male and female college students in mental health having intuitive cognitive style is 0.75 which is well below 1.96 the table value of 't' at 0.05 level of significance. The calculated value of 't' is therefore, not significant. It can therefore, said that there were no significant differences in mental health among male and female college students having intuitive cognitive style. Hence, the hypothesis which states that there will be no significant differences among male and female college students having intuitive cognitive style with respect to mental health is accepted.

Perusal of TABLE 2 indicated that the computed value of 't' for male and female college students in somatic health having intuitive cognitive style is 0.15





which is well below 1.96 the table value of 't' at 0.05 level of significance. The calculated value of 't' is therefore, not significant. It can therefore, said that there were no significant differences in somatic health among male and female college students having intuitive cognitive style. Hence, the hypothesis which states that there will be no significant differences among male and female college students having intuitive cognitive style with respect to somatic health is accepted.

#### **FINDINGS**

- 1. Significant differences were found in mental health among male and female college students having systematic style. The Mean (Table 1) scores of male college students in mental health is significantly higher than female college students having systematic styles. It means male college students have low level of mental health as compared to females. This may be due to living away from home, having to make new friends, handle finances, adjusting to new learning regimes, and creating a new identity as a student, future uncertainties etc. While as no significant differences were found in somatic health among male and female college students having systematic style.
- 2. No significant differences were found in mental and somatic health among male and female college students having intuitive style.

#### **EDUCATIONAL IMPLICATIONS**

- 1. Students should be admitted in higher secondary schools after proper investigation of their cognitive styles. They should be allotted subjects in congruence with their cognitive styles so that they will feel comfortable in academic activities. For example analytic or systematic style students should be allotted science subjects whiles as an intuitive style or field dependent students should be allotted humanities subjects as the findings of the most research reported.
- 2. The psychological well-being of college students should be addressed, and more focused attention should be paid to know the cognitive styles of both teachers and students. So that the gap of communication between teacher and taught can be reduced to the optimum level, which is a cause of concern as some students fail to understand the communication of teachers and create a kind

of mental tension and cognitive dissonance among students.

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#### ETHICAL ISSUES

Before accessing the students, the researcher get the approval from the heads of selected Govt. degree colleges. By filling out the questionnaire during their class time. They were informed about their participation in the study. Participants' confidentiality and anonymity were assured. Consent to participate in the study obtained by a statement in the invitation letter saying: 'Returning the completed questionnaire to the researcher indicates your consent to participate in the study.'

#### **REFERENCES**

- [1] Allport, G. W. (1937). *Personality: a psychological interpretation*, New York: Holt and co.
- [2] Messick, S. (1987). Structural relationships across cognition, personality, and style. In R. E. Snow & M. J. Farr (Eds.), *Aptitude, learning, and instruction:* Conative and affective process analyses, 3, 35-75, Hillsdale, NJ: Erlbaum
- [3] White House Conference. (1930). *Preliminary Reports*. New York: Century Company), 4
- [4] World Health Organization. (1948). Constitution of the World Health Organization. Geneva:
- [5] Sortorives, N (1983). WHO Bulletin. 61.
- [6] Chauhan, S.S (1987). *Advanced Educational Psychology,* Vikas Publishing House, New Delhi.
- [7] Health Education Authority (1997) *Mental Health Promotion: A quality framework.* London: HEA.
- [8] World Health Organization. (2010). mental health and development: Targeting people with mental health conditions as a vulnerable group. Geneva: World Health Organization.
- [9] Richards, K.C., Campenni, C. E., and Muse-Burke, J. L. (2010). Self-care and well-being in mental health





- professionals: the mediating effects of self-awareness and mindfulness. *J Mental Health Couns, 32(3),* 247–64.
- [10] Storrie K, Ahern K, Tuckett A. (2010). A systematic review: students with mental health problems a growing problem. *Int J Nurs Pract*, *16*(1), 1–6.
- [11]World Health Organization. (2000).Womens mental health an evidence based review. Geneva, Switzerland: World Health Organization; 2000.
- [12] Nolen-Hoeksema S (1990). Sex differences in depression. Stanford, CA: Stanford University Press.
- [13] Weissman MM, Bland RC, Canino GJ, Faravelli C, Greenwald S, Hwu HG, Joyce PR, Karam EG, Lee CK, Lellouch J, Lepine JP, Newman SC, Rubio-Stipec M, Wells JE, Wickramaratne PJ, Wittchen H, Yeh EK (1996). Cross-national epidemiology of major depression and bipolar disorder. JAMA 276(4):293-299.
- [14] Gomel MK. (1997). A focus on women. Geneva: World Health Organization.
- [15] Janice H. (2005). Women\_s Mental Health. J Obstet Gynecol Neonatal Nurs, 34(2), 245.
- [16] Saki K, Kaikhavani S. (2002). Mental health of Ilam Medical University students. *J Ilam Univ Med Sci*, 10(34), 11–6.
- [17] Guthrie E, Black D, Bagalkote H, Shaw C, Campbell M, Creed, F. (1998). Psychological stress and burnout in medical students: a five-year prospective longitudinal study. *J R Soc Med*, *91*(2), 237–43.
- [18] Raju, D., Kumari, G., Thomas, T., and Mathews, S. (2013). Influence of occupational stress on health among the medical trancriptors. *International Journal* of Pharma and Bio Sciences, 4(1), 1101-1106.
- [19] Bhattacharjee, A. (2011). Gender and Community differences on anxiety and depression among College students. *Indian Journal of Health and Well- Being,* 2(2), 369-373.
- [20] Bandhana., and Sharma, D. P. (2012). Home environment, mental health and academic achievement among Hr. secondary school students. *International Journal of Scientific and Research Publications*, 2 (15), 01-04.
- [21] Singh, O., and Grover, D. (2015). Mental health in relation to adjustment of college students. *Research Paper*, 4(2), 76-78.

- [22] Rambir (2011). Mental health in relation to self-efficacy of urban and rural school students. *Education, Research Link, 10,* 120-123.
- [23] Ying, S., Fangbiao, T., Jiahu, H., & Yuhui, W. (2010). The Mediating Effects of Stress and Coping on Depression among Adolescents in China. Journal of Child and Adolescent Psychiatric Nursing, 23(3), 173– 180. Article first published online: 12 AUG 2010 DOI: 10.1111/j.1744-6171.2010.00238.x.
- [24] Viswanath, P. (2014). Impact gender, locality and type of family on mental health among adolescents. *Global journal for research analysis*, 3(1).
- [25] Sanwal, S. Dube, S. and Bhatnagar, B. (2006). Mental health of adolescents with specific reference to Integration of personality (IP), Gujarat J. Psychol., 18:52-56
- [26] Anand S.P. (1999). Students mental health, attitude and motivation for studies. *Journal of Educational Research*, 36 (2), 55-61.
- [27] Nanda, A. K. (2001). Mental health of high school students: a comparative study. Indian *Psychological Review*, 56 (1), 2-7.
- [28] Parveen, F and Javed, S. (2015). Gender Differences in Adolescent's Health: the Effect of Coping Mechanism. The International Journal of Indian Psychology, 3(1), 156-164.